



ORDER FOR HOME QUARANTINE

The Georgia Department of Health (Department) has determined that **you have been exposed to a Novel Coronavirus (COVID-19)**. If you have contracted the virus, symptoms may develop within 2 to 14 days from exposure. Unless precautions are taken, your health is at risk, and other people may possibly contract this disease from you. COVID-19 can range from mild illness to a severe and potentially fatal disease, and it can also cause asymptomatic infections. It is transmitted primarily via respiratory droplets produced when an infected person coughs or sneezes, generally occurring with close contact with an infected person. It is critically important to avoid further spread of COVID-19 in the community, in order to minimize severe public health consequences.

The specific clinical grounds for this determination are: _____

The Department has determined that in order to protect your health and the health of others, you must be quarantined at your residence specified below under such conditions as will prevent transmission of COVID-19 to other people.

IT IS THEREFORE ORDERED, in accordance with O.C.G.A. §§ 31-2A-4(4) and 31-12-4 and Chapter 511-9-1 of the Rules of the Georgia Department of Public Health, that _____
(Full Name), D.O.B. _____, residing at:

Street Address: _____
City: _____ **County:** _____ **State:** _____
Zip Code: _____
Telephone Number: (_____) _____ - _____

shall be immediately **QUARANTINED** until 11:59 p.m. on _____.

IT IS FURTHER ORDERED that you shall cooperate with the Department’s efforts to monitor your compliance with this Order and with the following conditions of quarantine:

1. **You must remain at your residence listed above at all times**, except as follows:
 - a. In the case of an emergency such as a fire or natural disaster, or if your health condition worsens and you are transported to a healthcare facility.
 - b. If you are a health care provider, emergency medical services worker, first responder, or other critical infrastructure worker, you may continue to work, in consultation with your workplace occupational health program and if necessary to ensure adequate staffing, if you have no symptoms, wear a mask while on duty, and remain at home at all other times.
2. **Visitors.** If you have visitors to your residence, you must stay at least 6 feet away from them, wear a face covering, and inform them that you are under quarantine due to an exposure to COVID-19.
3. **Daily Symptom Monitoring.** You must cooperate fully with daily symptom monitoring, as follows:
 - a. Monitor your symptoms and temperature twice a day and record any symptoms you are having, including fever.
 - b. Enroll in symptom monitoring with the Department. Through symptom monitoring, you will report if you have any symptoms, and if so, what they are, to the Department each day.
 - Text-Based Symptom Monitoring. You may receive a text message or email from the Department with a link to register for text-based symptom monitoring.

- If you do not receive a text message or email, please register for text-based monitoring here: <https://intake-app-dot-gdph-erm-274415.appspot.com/>. Text-based monitoring is done through your mobile phone and is the preferred way of reporting your symptoms.
 - Telephone Symptom Monitoring. If you prefer, you may call the Department to report your symptoms. Please call **1-888-357-0169** once each day. You will be asked to provide your name, telephone number, date of birth, your temperature, and any symptoms you are experiencing.
4. **COVID-19 Testing**. You should obtain a test for COVID-19 if you experience any of the following symptoms:
- Cough
 - Shortness of breath or difficulty breathing
 - Fever (measured temperature above 100.4 degrees Fahrenheit, or you feel feverish)
 - Chills
 - Muscle pain
 - Sore throat
 - New loss of taste or smell

Call your local health department to schedule testing. You can find contact information for your health department here: <https://dph.georgia.gov/document/document/covid-19-testingdirect-patient-line/download>. Call 911 immediately if you believe you are experiencing a medical emergency. If it is not an emergency, but you are sick and require medical care, please contact your primary care doctor, an urgent care clinic, or your local federally qualified healthcare center.

5. Additional recommendations and instructions: _____

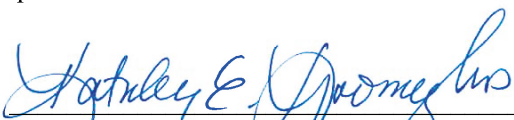
6. **To reach the Department for symptom monitoring issues, call 1-888-357-0169. For other COVID-19 related issues, call the Georgia COVID-19 Hotline at 1-844-442-2681.**

If at any time during the quarantine period you develop symptoms of COVID-19, as noted above, you will be subject to a further order for isolation, unless a test for COVID-19 is negative. Isolation may also take place at your home.

This Order is a final determination of the Department and shall take effect immediately. You have the right to challenge this Order through the filing of a petition for writ of habeas corpus under O.C.G.A. § 9-14-1.

TAKE NOTICE that failure to comply with this Quarantine Order is a misdemeanor offense pursuant to O.C.G.A. § 31-5-8.

The staff of the Department remains available to provide assistance and counseling to you concerning your exposure and compliance with this Order. During the period of quarantine, your ability to communicate with individuals outside your home, including your ability to exchange confidential communications with legal and medical advisors of your choice, will preserved and facilitated to the extent possible without jeopardizing the integrity of the quarantine.



Kathleen E. Toomey, M.D., M.P.H.
 Commissioner of Public Health State Health Officer
 GEORGIA DEPARTMENT OF PUBLIC HEALTH

_____ : _____ a.m./p.m.
 Date Time

WARNING

FAILURE TO COMPLY WITH THIS ORDER MAY SUBJECT YOU TO FURTHER ACTION BY THE DEPARTMENT, INCLUDING A COURT ORDER FOR INVOLUNTARY DETENTION IN AN APPROPRIATE FACILITY OTHER THAN YOUR HOME, OR SUCH OTHER ACTION AS THE DEPARTMENT MAY DEEM NECESSARY TO PROTECT THE PUBLIC'S HEALTH.

AGREEMENT

I understand the terms above and agree to comply with all requirements of quarantine under this Order.

Signature

Date

Printed Name

If minor (under 18 years of age), then parent or legal guardian of that minor must also sign.

Printed Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date